

SAMPLE FORM

NY State Senator Mike Kaplowitz

***MEMBER ITEMS NEEDED for EVERYONE
(MINE)***

Application for MINE funds for the 40th State Senate District

Name of Organization, Agency or Municipality: _____

Type of Organization/Project: Environmental____ Social Service____ Municipal____
(please check one) Health____ Community____ Education ____
 Cultural____ Other ____

Contact: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____ **Web:** _____

Project Description and Community Benefit: (Applicant may submit proposal as addendum to application)

Total Estimated Cost: (full project budget must be submitted with application for consideration)

\$ _____

Amount Requested:

\$ _____

Please submit any supporting documentation that you would like to be taken into consideration. For questions, please contact State Senator Mike Kaplowitz' office at: 845-XXX-XXXX

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